

Plant Pest & Disease Diagnostic Request Form

Plant Health Program
Market Access & Certification
635 Capitol Street NE
Salem, OR 97301
Main Office Phone: 503-986-4620



Oregon
Department
of Agriculture

Web: oda.direct/PlantDiagnostics
Email: PlantHealth@oda.state.or.us

For Internal Use Only: Date Received: _____ Received by: _____ Payment Received: _____ PCA: 34109/8202 Lab ID: _____
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Submit samples, this form, and payment in person or via mail to the Plant Health Lab. Additional instructions can be found at the end of this document.

Perform routine diagnosis only: \$70 Includes an overall plant health evaluation, visual and microscopic examples, culturing if applicable, and identification of potential disease issues. The submitter will be notified if additional testing is recommended. Additional fees may apply and will be invoiced to submitter.	Perform any necessary tests: \$70 + fees Includes tests done in routine diagnosis and any additional molecular tests if necessary for complete diagnosis. Submitter will NOT be notified of additional tests and will be invoiced. \$70 fee is still due at the time of submission.
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Submitter/Client Information:

Name:	Email:
Address:	Phone:
City/State/Zip:	
Plant:	Date collected:
Cultivar/Variety:	Date sent/submitted:
Collection Location:	Plant part submitted:

Briefly describe the symptoms and what your specific concerns are.

Plant Part(s) Affected	General Appearance	Disease Distribution	Plant Location
Roots	Leaf spot/blight	General	Field
Crown	Leaf mottle	Evenly distributed	Nursery
Stem or branch	Stained/streaked	Grouped	Greenhouse
Leaves	Stunted	Low areas	Orchard
Flower	Yellowed	Upland areas	Vineyard
Fruit	Wilted	Cultivar specific	Landscape
Seeds	Other: _____	Other: _____	Other: _____

How long have these symptoms occurred?

List chemicals, fertilizers, or pesticides applied (include date, rate, method of application):

Conditions upon Signature: By submitting this request, I agree to pay all fees associated with the diagnostic services provided. Fees shall be charged as described in OAR 603-052-1150.

Signature of Applicant	Date
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Sample Submission Guidelines

General Rules:

- Complete all Submitter/Client Information. Forms with incomplete information will be returned without diagnoses performed. A separate form is required for each sample.
- Payment is due upon submission via check, credit card payment, or money order made payable to the Oregon Department of Agriculture. To pay by credit card, please include the credit card payment form (available on our website). This form can be mailed with your application form and sample. Please do not send cash in the mail. If you bring your sample in person, our cashier's office can accept cash.
- Drop-off hours are Monday through Friday, 8:00 am to 5:00 pm at the ODA Plant Health Laboratory, Room 247, 635 Capitol Street NE, Salem, OR 97301.

Sample Collection:

- If possible, take photographs of the diseased plants and their locations. Digital images can be emailed to PlantHealth@oda.state.or.us. Printed pictures can also be included with samples.
- A sample can be made up of multiple items – try to include multiple plant parts (ie., leaves, stems, roots, or a whole plant) and specimens that represent all the symptoms observed.
- Samples should be dry – extra moisture encourages microbial growth and plant decay.

Shipping:

- Ship samples as soon after collection as possible or store in the refrigerator until they can be mailed to or dropped off at the ODA Plant Health Laboratory.
- Ship samples in a crush-proof box and use packing materials, such as crumpled newspaper, to prevent movement.
- Ship samples early in the week – we cannot be held responsible for samples that sit on loading docks or in mail trucks over the weekend.

Fees

- Fees are assessed based on OAR 603-052-1150.
- For a routine diagnosis, a flat-fee of \$70 is due upon receipt of sample. This includes a consultation with ODA Plant Health staff and an overall evaluation, including a microscopic exam and culturing and visual identification of potential pathogens. If necessary, soil pH and soluble salts tests will be done.
- Additional tests may be included at the submitter's request to confirm diagnosis, and will be billed accordingly.

More Questions? Please Contact Us!

Main Office – Salem

Email: PlantHealth@oda.state.or.us

Phone: 503-986-4620

Fax: 503-986-4737

Robin Ludy

Plant Health Program Specialist

Email: rludy@oda.state.or.us

Phone: 503-986-4658

Elizabeth Savory, PhD

Plant Health Program Manager

Email: esavory@oda.state.or.us

Phone: 503-986-4570

Maria Marquez, PhD

Plant Health Certification Specialist

Email: mmarquez@oda.state.or.us

Phone: 503-986-4661